PLANNING BOARD APPLICATION CHECKLIST

The first 13 items must be submitted before you can be considered administratively complete. You must be considered administratively complete to be placed on the Planning Board agenda and given a date and time for your meeting.

	APPLICANT CHECKLIST	OFFICE CHECKLIST
1. Appropriate Fees & Breakdown sheet	____	____
2. Plans – 1 Original sealed survey & 13 copies (showing existing & proposed work)	____	____
3. Development Application – 1 original & 13 copies	____	____
4. Tax Certification/From Tax Collector – 1 original & 1 copy	____	____
5. Notice of Fees & Agreement to Pay Same – 1 original & 1 copy	____	____
6. Tax Map Sheet/From Tax Assessor – 1 original & 13 copies	____	____
7. Affidavit of Ownership – 1 original & 1 copy	____	____
8. Disclosure of Ownership – 1 original & 1 copy (If Partnership, Corp. or Joint Venture)	____	____
9. Affidavit of Non-Collusion – 1 original & 1 copy	____	____
10. W-9 Form – PLEASE SIGN IN BLUE INK	____	____
11. Professionals List – 1 original & 1 copy	____	____
12. Permit Refusal from Zoning Officer – 1 copy	____	____
13. Contribution Disclosure Statement – 1 original & 1 copy ** For Applicant and each person on Professionals List	____	____

THE FOLLOWING MUST BE SUBMITTED NO LESS THAN 3 DAYS PRIOR TO MEETING DATE.

1. Affidavit of Proof of Service – 1 original & 1 copy	____	____
2. Letter Sent to Property Owners – 1 copy	____	____
3. List of Property Owners Within 200' - ORIGINAL From Tax Assessor's Office (ALL UTILITY COMPANIES MUST BE NOTICED ALSO)	____	____
4. Certified Mail/Return Receipts from Post Office – Green & Green & White Originals Dated at least 10 calendar days prior to meeting date.	____	____
5. Certification of Publication from Newspaper – Original with seal Published at least 10 calendar days prior to meeting date.	____	____

UPON COMPLETION:

1. Notice of Decision – To Be Published in Newspaper by Applicant if Approved within 10 days of Approval. Please include application number .	____	____

CUT OFF DATE: **10 DAYS PRIOR TO MEETING DATE FOR "C" VARIANCES**
30 DAYS PRIOR TO MEETING DATE FOR SITE PLANS & SUBDIVISIONS

MEETING TIME: **7:00 PM** (unless otherwise posted)

APPLICANT MUST BE PRESENT AT MEETING, UNLESS REPRESENTED BY AN ATTORNEY

DEVELOPMENT APPLICATION

1. APPLICANT:_____ PHONE:_____

   EMAIL: _____

2. ADDRESS: _____

   _____

3. PURPOSE OF APPLICATION:_____

   _____

4. LOCATION OF SUBJECT PROPERTY:_____

   Block(s)_____ Lot(s)_____ Zone_____

5. VARIANCES:

	MINIMUM REQUIREMENTS	PROPOSED	Deficient
LOT AREA			
LOT WIDTH			
LOT DEPTH			
LOT FRONTAGE			
SETBACKS:			
FRONT			
SIDE			
COMBINED			
REAR			
HEIGHT			
LOT COVERAGE			

6. WAIVERS: (Describe in Detail)

CURB _____
SIDEWALKS _____
PARKING _____
SHADE TREES _____
LANDSCAPE _____
BUFFER _____
PAVING _____
OTHER _____
_____

NOTICE

IN THE EVENT THE APPLICATION FEE EXCEEDS THE FEE POSTED WITH THIS APPLICATION, IT IS FULLY UNDERSTOOD THE APPLICANT WILL BE BILLED FOR THE EXCESS AMOUNT.

_____

Sworn to and subscribed before me
this _____day of_____, 20___

_____
Notary Public

AFFIDAVIT OF OWNERSHIP

STATE OF NEW JERSEY:
SS
COUNTY OF _____:

I, _____, of full age, being duly sworn according to law, upon my oath, depose and say

1. I reside at: _____

_____

_____

2. I am the owner in fee of all that certain lot, piece or parcel of land situated, lying and being in the Township of Stafford, aforesaid and known and designated as_____

Block_____, Lot(s) _____.

3. I hereby authorize _____to make the within application on my behalf and that the statements contained in said application are true.

_____

Sworn to and subscribed before me
this _____day of_____, 20___

_____
Notary Public

DISCLOSURE OF OWNERSHIP

_____

NAME OF APPLICANT

APPLICANT IS: Corporation_____ Partnership_____ Joint Venture_____

Full Name of Individual Stockholder/Partner	Address of Individual Stockholder/Partner	Share % Owned
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____	_____
5._____	_____	_____
6._____	_____	_____
7._____	_____	_____

Number of Minority (less than 10%) owners not listed_____

Notes:
1. Attach additional sheets in this format if necessary.
2. If corporation or partnership is shown as a greater than 10% owner, attach similar breakdown of (their) or (its) individual owners.

AFFIDAVIT OF NON-COLLUSION

STATE OF NEW JERSEY:
SS
COUNTY OF _____:

I, _____, of full age, being duly sworn according to law, upon my oath, depose and say

1. I am the Applicant in connection with a proposed site plan, subdivision, variance of property known as:

_____

Block Lot(s) Street address

as shown on the Tax Map of Stafford Township.

2. There has been no collusion between any members of the Stafford Township Planning Board, the Stafford Township Zoning Board of Adjustment or any officials of the Stafford Township government and myself with respect to said application.

_____

Sworn to and subscribed before me
this _____day of_____, 20___

_____
Notary Public

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
☐☐ - ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

PROFESSIONALS

APPLICANT:
Name: _____
Address: _____
_____
Telephone: _____
Email: _____

ENGINEER:
Name: _____
Address: _____
_____
Telephone: _____
Email: _____

ATTORNEY:
Name: _____
Address: _____
_____
Telephone: _____
Email: _____

LANDSCAPE ARCHITECT:
Name: _____
Address: _____
_____
Telephone: _____
Email: _____

PLANNER:
Name: _____
Address: _____
_____
Telephone: _____
Email: _____

TYPE OF DEVELOPMENT: **(Check one or more as applicable)**

_____Minor Subdivision _____Major Subdivision

_____Minor Site Plan _____Major Site Plan

FEE BREAKDOWN

PLEASE ITEMIZE APPROPRIATE FEES WHICH ARE BEING SUBMITTED BELOW:

Contribution Disclosure Statement

Name of Applicant/Associate/Professional:

_____

In accordance with the provisions of Ordinance 2004-88, also known as Chapter 23-3 *et seq.* of the Stafford Township Code, the following is a listing of contributions made to or on behalf of any candidate, candidate committee, joint candidates committee, political committee, continuing political committee, or political party committee of or pertaining to the Township of Stafford made up to one year prior to filing the variance, subdivision and/or development application and/or during the pendency of the application process, and required to be reported pursuant to N.J.S.A.19:44A-1 *et seq.*

Amount of Contribution	Date of Contribution	Recipient
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I certify that the information contained herein is true and correct as of the date of this filing. I acknowledge and understand that I must amend and/or augment this information if additional contributions are made subsequent to the date of the initial filing of this Statement.

_____

Signature of Applicant/Associate/Professional

Date of Filing:_____

PROOF OF SERVICE AFFIDAVIT

STATE OF NEW JERSEY:
SS
COUNTY OF _____:

I,_____, being of full age and being duly sworn according to law, upon my oath depose and say:

1. On_____, I deposited at the United States Post Office, copies of the Notice attached hereto, addressed and forwarded certified mail, return receipts requested, to all persons shown on the list of property owners within 200 feet, and others to whom notice must be given, shown on the list annexed hereto, with sufficient postage prepaid. The list of persons within 200 feet was prepared and certified by the Tax Assessor of Stafford Township.

2. I also attach hereto proof of the publication of the Notice published in the

_____on_____

(Newspaper) (Date)

3. I make this Affidavit based on my own knowledge of the truth of the facts contained herein.

_____

Sworn to and subscribed before me
this _____day of_____, 20___

_____
Notary Public

NOTICE OF HEARING

TO: _____

_____

_____

YOU ARE HEREBY NOTIFIED, as provided in the Municipal Land Use Law, that the Planning Board of the Township of Stafford, County of Ocean, State of New Jersey, will hold a hearing on _____ 20, __ at 7:00 PM in the Township Municipal Building, 260 E. Bay Avenue, Manahawkin, New Jersey, to consider an application affecting the property whose street address is known as

_____,

Block _____, Lot _____.

The conditions affecting this property and the reasons for the application being heard are as follows:

_____

_____

_____

_____

Applicant requests any other waivers or variances as may be required by the Board or its professionals at the time of the hearing.

The application forms and supporting documents are on file in the Department of Community Development, 260 E. Bay Avenue, Manahawkin, New Jersey, and may be inspected any workday between the hours of 8:30AM and 4:30PM. Any interested party may appear at the hearing and participate therein, subject to the rules of the Board.

APPLICANT:_____

ADDRESS:_____

_____

THIS NOTICE MUST BE SENT "CERTIFIED MAIL – RETURN RECEIPT REQUESTED"

NOTICE OF HEARING FOR PUBLICATION

TO: Official Publication

_____

_____

TAKE NOTICE THAT the Planning Board of the Township of Stafford in the County of Ocean and State of New Jersey, will hold a hearing on _____ 20__ at 7:00 PM in the Township Municipal Building at 260 E. Bay Avenue, Manahawkin, New Jersey, to consider an application affecting the property whose street address is known as _____,

Block _____, Lot _____.

The conditions affecting this property and the reasons for the application being heard are as follows:

_____

_____

_____

_____

Applicant requests any other waivers or variances as may be required by the Board or its professionals at the time of the hearing.

The application forms and supporting documents are on file in the Department of Community Development, 260 E. Bay Avenue, Manahawkin, New Jersey, and may be inspected any workday between the hours of 8:30AM and 4:30PM. Any interested party may appear at the hearing and participate therein, subject to the rules of the Board.

This Notice is published in compliance with the Code of the Township of Stafford.

APPLICANT'S NAME:_____

NOTICE OF DECISION BY THE
STAFFORD TOWNSHIP PLANNING BOARD

On _____, the Stafford Township Planning Board granted (your name as it appears on the application to the board) the following relief for (block, lot and street address); (list subdivision approval in specific terms, such as "subdivision approval to divide lot 2 into lots 2.I01 and 2.02", or "a variance to permit a side setback of 25 feet where thirty feet is required," or "design wavers to permit extra site lighting," etc. The summary should be short but complete.) Documents and plans pertaining to this matter are available for public inspection at the Stafford Township Municipal Building, 260 East Bay Ave., Manahawkin, NJ 08050 during regular business days and hours.

(Your name and town of residence, street address and phone number are not necessary.)

STAFFORD TOWNSHIP

DEVELOPMENT REVIEW FEES

(From the Township Code, Article XI, 130-95)

PAYMENTS MUST BE IN THE FORM OF A CHECK OR MONEY ORDER PAYABLE TO STAFFORD TOWNSHIP

APPLICATION ADMINISTRATIVE FEE (non-refundable) – SEPARATE CHECK
(choose one fee which applies to your application)

All development applications	$200.00
Exceptions:	
Major Site Plan/Major Subdivision	$500.00
"C" variance in connection with existing single-family residential use	$75.00
"C" variance for an accessory structure	$25.00
Minor site plan	$75.00
Extension of Preliminary/Final Approval	$75.00
Pre-applications	$25.00

COURT REPORTER - SEPARATE CHECK

Residential "C" Variance	$100.00
All other applications	$200.00

THE FOLLOWING FEES MAY BE COMBINED IN ONE CHECK

SUBDIVISION

Minor-Preliminary and Final	$500.00
plus per Lot	$50.00
Major-Preliminary	$1,500.00
plus per Lot	$50.00
Major Final-(50% of fees for Preliminary)	$750.00

SITE PLAN

Minor-Preliminary and Final	$850.00
Major-Preliminary	$1,500.00
plus per acre fee on any portion above one acre	$500.00
Major Final-(50% of fees for Preliminary)	$750.00

EXTENSION OF PRELIMINARY/FINAL APPROVAL (Escrow fee)	$100.00
VARIANCES	
Hear and Decide Appeals	$150.00
Interpretation of Zoning Regulations or Map	$150.00
Hardship or Bulk Variance	$200.00
Use Variance	$500.00
RESOLUTION PREPARATION	$100.00
PRE-APPLICATIONS (Escrow Fee)	$225.00
CONDITIONAL USE	$100.00
CERTIFICATE OF SUBDIVISION	$25.00
ZONING/CHANGE OF USE PERMIT	$25.00
ENVIRONMENTAL REVIEW (required on site plans and major subdivisions where wetlands are within 200 feet of the tract)	
A. Nonrefundable Administrative Fees	$100.00
B. Environmental Fee	$250.00

The developer shall, upon filing an application, pay an escrow fee to the Township by check or money order, based on the schedule set forth above. Proposals involving more than one (1) application type shall pay a cost equaling the sum of the costs for the component elements of the plat. Proposals requiring a combination of approvals, such as subdivision, sit plan, and/or a variance, shall pay a cost equal to the sum of the cost for each element.

RE-REVIEW FEES

The fees paid under 130-95A (2), (3) and (5) are estimated to cover the costs incurred by the Board for the review of the initial application. Additional fees totaling 50% of the original fee shall be posted by the applicant for each plan review submitted after the original submission.

RESOLUTION 2026-08

RESOLUTION OF MEMORIALIZATION OF THE STAFFORD TOWNSHIP PLANNING BOARD REGARDING DESIGNATION OF OFFICIAL NEWSPAPERS FROM JANUARY 7, 2026 TO APRIL 1, 2026

WHEREAS, there exists the need for official newspapers for the Planning Board, Township of Stafford for legal matters:

NOW, THEREFORE, BE IT RESOLVED by the Planning Board, Township of Stafford that the official newspapers shall be the following:

1. **TIMES-BEACON**
2. **ATLANTIC CITY PRESS**
3. **ASBURY PARK PRESS**

This Resolution shall be published once in an official newspaper.

CERTIFICATION

I hereby certify that the above is a true copy of the Resolution duly adopted by the Stafford Township Planning Board of the Township of Stafford, County of Ocean and State of New Jersey, at its meeting held on the 7th day of January 2026

CHAIRPERSON

SECRETARY LINDA YOCKACHONIS